A novel technique of using implant drills for decompression of large cystic lesions

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ISSN: Awaiting

Short Communication

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Article Info
Received on: 26-08-2020
Revised on: 13-09-2020
Accepted on: 21-09-2020


INTRODUCTION
Decompression is an established conservative technique used for initial treatment of large cystic lesions of the jaws followed by complete enucleation [1]. This reduces the morbidity which is associated with the resection. Various materials and methods have been used for decompression such as pediatric feeding tube, stainless steel tube, acrylic tube, paediatric endotracheal tubes, suction catheter, Foleyes catheter e.t.c. The purpose of this technical note is to present an innovative technique of using implant drills transmucosally for placement of drainage tubes for decompression of large or multiple cystic lesions.

We report here an technique of using implant drills and simple armamentarium for placement of drainage tubes for decompression of large cystic lesions. Depending upon the size of the lesion one or two sites are selected after radiographic evaluation, the flap may or may not be elevated, implant drills can be used if buccal/labial shelf of bone is present, here adin implant drills including 2mm lance drill, followed by sequential drilling up to 4.6mm drill were used to prepare the particular site transmucosally (Figure 1), followed by placement of No:4 pediatric endotracheal tube (Figure 2), drainage tubes are secured or transfixed by 24 guage wire or 3-0 silk suture to the adjacent teeth (Figure 3), post operative radiograph was taken to confirm the tube placement (Figure 4), patient co-operation is critical factor in these cases, periodic evaluation should be done to evaluate the changes in the size of the lesion.
We have been using this technique for decompression in past few cases and its advantages over traditional bur technique is bony window can be created precisely surgical time consumed is very less compared to the traditional one, patency of draining tube is maintained well, specific limitations we noticed are this technique can be used only for large/multiple cystic lesions, there is no advantage of using implant drills in extensive lesions eroding cortical bone, patient attender has to be advised to irrigate the cavity regularly after food intake.

REFERENCES